

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90029 003 ***150.00

DOCUMENT # P06000087507
1. Entity Name
JASS ME ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 132 ALSACE COURT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PONTE VEDRA BEACH, FL		City & State	
Zip 32082	Country	Zip	Country

4. FEI Number 30-0374805	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name FITZROY, JAMES A.	
Street Address (P.O. Box Number is Not Acceptable) 132 ALSACE COURT	
City PONTE VEDRA BEACH	Zip Code 32082

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE D	NAME FITZROY, JAMES A.	TITLE	
STREET ADDRESS	132 ALSACE COURT	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES A. FITZROY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904 525-7419
Daytime Phone #

4/13/07